



HARTFORD UNION HIGH SCHOOL

Co-Curricular Permission Slip 2015-2016

Check **ALL** WIAA sports you plan to participate in at HUHS:

- Fall:** Football Soccer-B Cross Country Swim-G Tennis-G Volleyball Golf-G
Winter: Basketball Swim-B Wrestling Gymnastics Co-op Hockey
Spring: Golf-B Soccer-G Softball Tennis-B Track Baseball

EMERGENCY MEDICAL INFORMATION

PRINT--CLEARLY

Parent/Legal Guardian's Full Name(s) _____

Home # _____ Cell # _____ Parent's Email _____

Place of Employment _____ Work # _____

Parent/Legal Guardian's Full Name(s) _____

Home # _____ Cell # _____ Parent's Email _____

Place of Employment _____ Work # _____

Alternate Emergency Contact _____

Home # _____ Cell # _____ Work # _____

Family Physician _____ Family Dentist _____

REQUIRED

Insurance Company _____

Insurance Group #, ID #, or Med Asst.#: _____

Other medical information (allergies, medications, etc.) _____

- > I hereby give my permission for the above named student to practice, compete, and represent the school in WIAA approved sports.
- > I attest to the fact that the named athlete has not been hospitalized or suffered any serious illness or injury since his/her last physical examination.
- > In case my child requires medical treatment or transportation to a medical facility and a parent/guardian is not available for consultation, I give the coaches permission to determine the most appropriate method.
- > Furthermore, if unable to be contacted, I authorize school personnel or PHYSICIAN(S) and HOSPITAL STAFF to treat our son/daughter as they deem necessary in any non-life threatening emergency situation.
- > I fully realize that the school does **not** provide insurance coverage and that there is an inherent risk of injury by participating in athletics.
- > Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director/Activities Coordinator, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director, Health Technician, and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.

RESIDENCE INFORMATION

CHECK ALL THAT APPLY:

- Student's primary residence is in Hartford Union High School's Attendance Area
 - Student's primary residence is outside Hartford Union district, *but* student-athlete is attending through open enrollment
 - Student attended a different high school during part of this school year and/or last school year
- If so, name of school attended _____

CO-CURRICULAR CODE

I/We have reviewed the **HUHS Co-Curricular CODE** and **THE WIAA ATHLETIC ELIGIBILITY BULLETIN** and any changes made for this year by HUHS and the WIAA. I give permission for the student named to participate in the Interscholastic Athletic program at HUHS. I/We accept and agree to support, notify any known violations and follow all provisions as outlined, and to pay for any team clothing or equipment that is lost or damaged.

Student's Signature* _____ **Date:** _____

Parent/Legal Guardian's Signature* _____ **Date:** _____

**Signatures indicate agreement to code and verification that all information provided is true and accurate. We further acknowledge that by providing permission to my/our student to participate in the above referenced extracurricular activity that the school may take photographs and other reproductions of the activity and may use those reproductions in school newsletters, promotional materials, on its website, or may otherwise disseminate said photographs including identification of the student depicted. This authorization is provided not withstanding any opt-out election made with respect to student directory data.*

Student's Name: _____
 (PRINT--CLEARLY)
 Primary Residence Address: _____
 Primary Residence Address (Street Address, City, and Zip Code) = Parent/Legal Guardian's voter registration, tax district, or driver license
 Last _____
 First _____
 MI _____
 Gender: _____
 Birthdate: _____
 Grade: _____

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|--------------------------|-----------------------|--------------------------------|
| OFFICE USE ONLY | | |
| WIAA Physical Date _____ | Concussion Form _____ | Co-Curricular Fee \$120: _____ |